

Report on the Health Status of Older Adults

Pima County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Pima County.

Population Characteristics

Table 1 presents information about the characteristics of older adults living in Pima County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 14% of the total population in Pima County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

TABLE 1: POPULATION ESTIMATES* FOR 2001

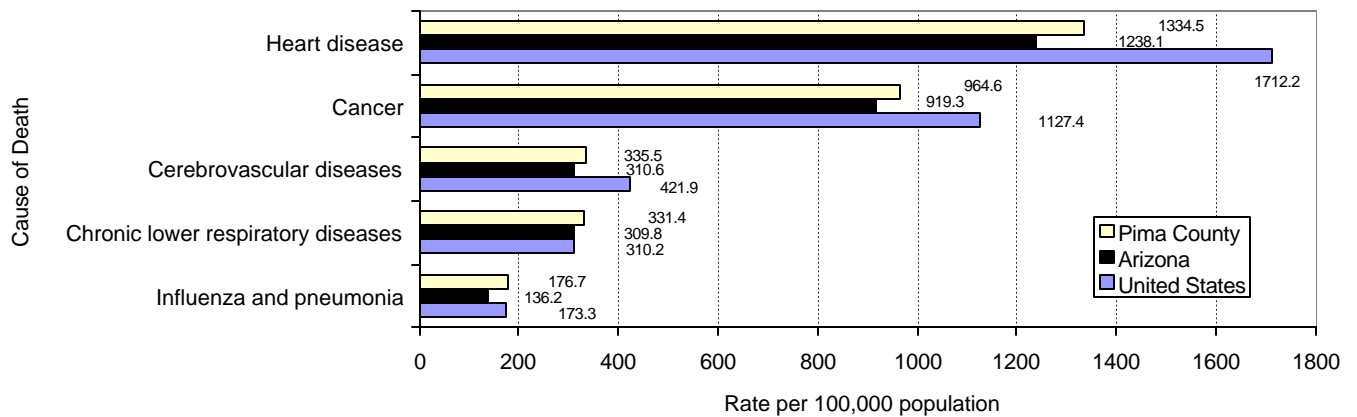
	Pima County	Arizona	United States
Total Population	863,049	5,307,331	284,796,887
Age 65+ Population	122,221 (14.2%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	52,728 (43.1%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	69,493 (56.9%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	102,317 (83.7%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	14,848 (12.1%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	2,060 (1.7%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	1,287 (1.1%)	14,360 (2.1%)	140,099 (0.4%)
Asian	1,192 (1.0%)	6,454 (1.0%)	810,399 (2.3%)
Other	489 (0.4%)	3,506 (0.5%)	254,130 (0.7%)

*Estimates calculated based on the 2000 U.S. Census

Mortality and Hospitalizations

The five leading causes of death among adults age 65 and older in Pima County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001, U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. Pima County reported a higher mortality rate than the state for all 5 categories, with the largest difference in deaths due to heart disease, in which the county rate exceeded the state rate by 8%. A review of mortality data for 1996-2000 indicates that Pima County consistently exceeds the state mortality rate for deaths due to heart disease and influenza/pneumonia. Lung cancer is the leading cause of cancer mortality among older adults in Pima County and Arizona. Pima County reported 8% higher death rate than Arizona due to lung cancer in 2001.

FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000



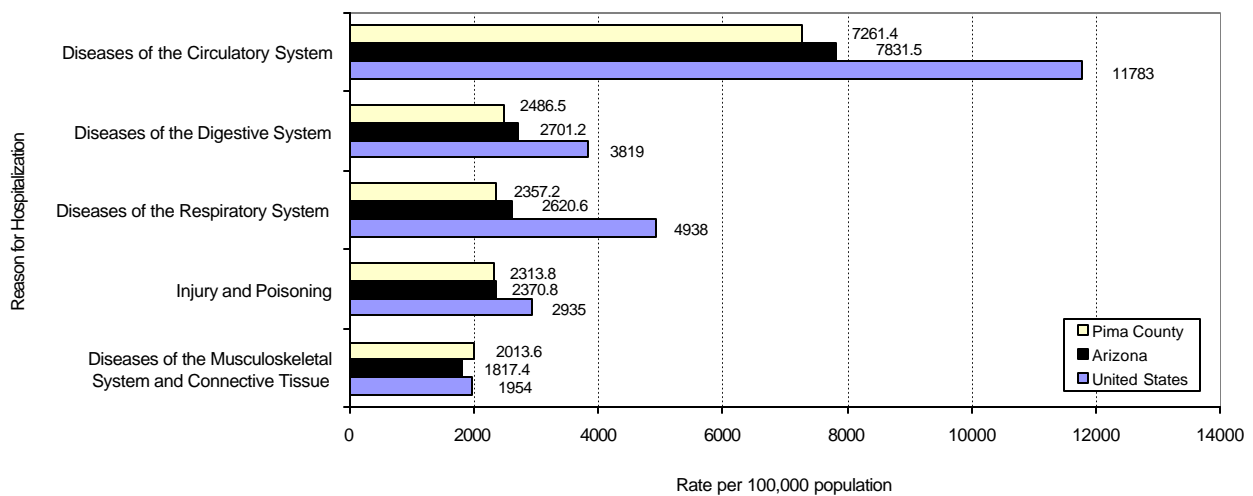
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Pima County, Arizona, and the United States, based on primary ICD9 diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

Pima County reported lower hospitalization rate than Arizona for all categories, with the exception of higher rates due to diseases of the musculoskeletal system and connective tissue, in which the county reported 11% higher hospitalization rate than Arizona. In considering diseases of the circulatory, digestive, respiratory, and musculoskeletal/connective tissue systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, gallstones, pneumonia, and arthritis, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. The average length of stay in the hospital among older adults in Pima County was 4.5 days, compared to 4.7 days for Arizona and 6.0 days nationally (year 2000 data). The average hospitalization cost for Pima County seniors in 2001 was \$17,338, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Pima County seniors incurred total hospitalization costs equaling \$518,091,478 for the year 2001.

Risk Factors

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population.

TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+

	Pima County	Arizona	United States
Number of respondents, ages 65+	157	624	34087
Gender			
Male	68 (43.3%)	245 (39.3%)	11913 (34.9%)
Female	89 (56.7%)	379 (60.7%)	22174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	139 (88.5%)	566 (90.7%)	28915 (84.8%)
Hispanic	16 (10.2%)	45 (7.2%)	1977 (5.8%)
Black	2 (1.3%)	5 (0.8%)	1764 (5.2%)
American Indian	0	5 (0.8%)	332 (1.0%)
Other	0	3 (0.5%)	1099 (3.2%)
Mean Age (Years)	74.3	73.8	74.0

Of the 157 older adults surveyed in Pima County, 41.4% described their general health status as very good or excellent, compared to 41.3% for the state and 35.4% for the United States. Thirteen surveyed adults (8.3%) in the county described their general health as poor, a slightly lower rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 55.4% of the surveyed older adults in Pima County

are classified as overweight or obese by national health standards, yet only 33.1% of respondents reported current attempts at losing weight. Nearly half of the respondents in Pima County (47.1%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 37.6% reported being physically inactive. The remaining 62.4% of respondents reported participating in a physical activity, although only 38.2% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is slightly higher than the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported on the statewide 2000 BRFSS, are walking, gardening, golf, aerobics, and bicycling. Also in 2000, 7.0% of surveyed adults in Pima County reported that they are current daily smokers, a similar incidence as reported for the state and the nation, 7.4% and 7.9%, respectively. Six of the eleven smokers (54.5%) reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year. This is higher than the state and national rates of 41.3% and 40.9%, respectively.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Pima County	Arizona	United States
Weight Group¹			
Normal weight	42.0%	46.8%	42.5%
Overweight	30.6%	35.1%	36.7%
Obese	24.8%	17.0%	16.8%
Unknown	2.5%	1.1%	4.0%
Daily Servings of Fruits and Vegetables			
Less than once a day or never	1.9%	1.4%	3.3%
1 to less than 3 times per day	12.7%	16.8%	21.9%
3 to less than 5 times per day	32.5%	38.8%	43.3%
5 or more times per day	52.9%	42.9%	31.5%
Activity level/exercise²			
Physically inactive	37.6%	37.5%	37.0%
Less than recommended activity	24.2%	26.6%	25.7%
Meets recommended activity level	38.2%	35.9%	37.3%
Smoking status			
Current smoker, smoke everyday	7.0%	7.4%	7.9%
Current smoker, smoke some days	1.9%	1.9%	2.1%
Former smoker	39.5%	41.3%	37.4%
Never smoked	51.6%	48.7%	52.1%
Don't know/refused question	0.0%	0.6%	0.5%

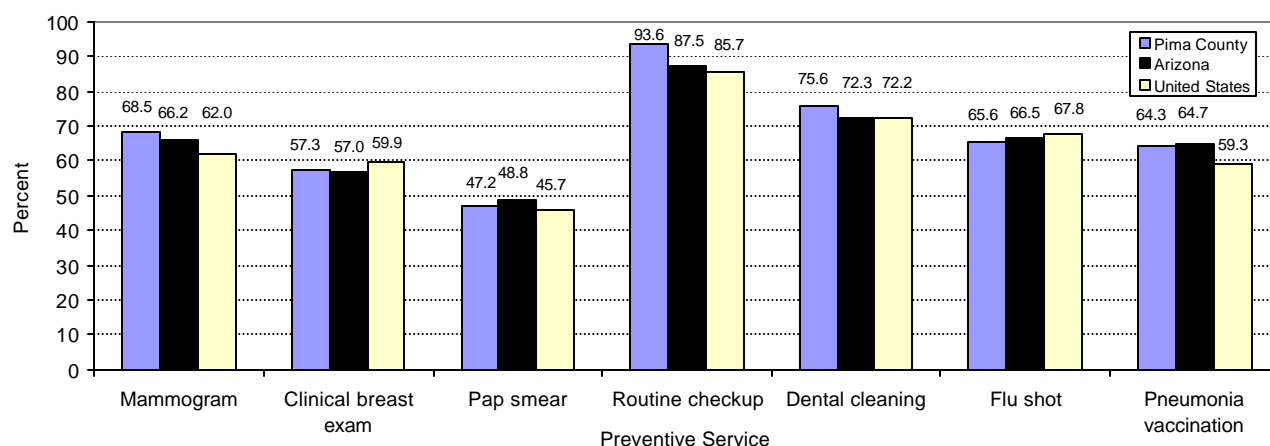
¹Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

²Recommended activity is exercise 3 or more days per week for 20 minutes or more

Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentage for pneumococcal vaccine is reported for individuals receiving the vaccine at any point in their life.

FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



Among all survey respondents, “obtaining a yearly medical checkup” was the highest reported use of a preventive service, with a rate of almost 94% among Pima County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. Yearly dental cleaning was also highly reported among all respondents, a rate of approximately 72% for both state and national participants, compared to 75.6% for Pima County. Both Pima County and the state as a whole exceeded the national rate for obtaining a pneumococcal vaccine, with 64.3% of county and 64.7% of state respondents reporting ever having the vaccine, as compared to 59.3% for the United States. Approximately 66% of Pima County respondents reported having a flu shot in the past year, compared to the 66.5% of state respondents and 67.8% for the nation.

In the category of women’s health, similar rates were reported for all regions pertaining to use of preventive services related to breast health. Approximately 57% of both county and state female respondents had a breast exam performed by a health professional within the past year, compared to 59.9% of national respondents. A slightly higher mammogram rate was reported for Pima County survey participants than statewide and nationally; 68.5% for the county, compared to 66.2% of state and 62.0% of national participants. Yearly Pap smears were obtained by fewer than 50% of all county, state, and national female respondents.

Mental Health and Support Services

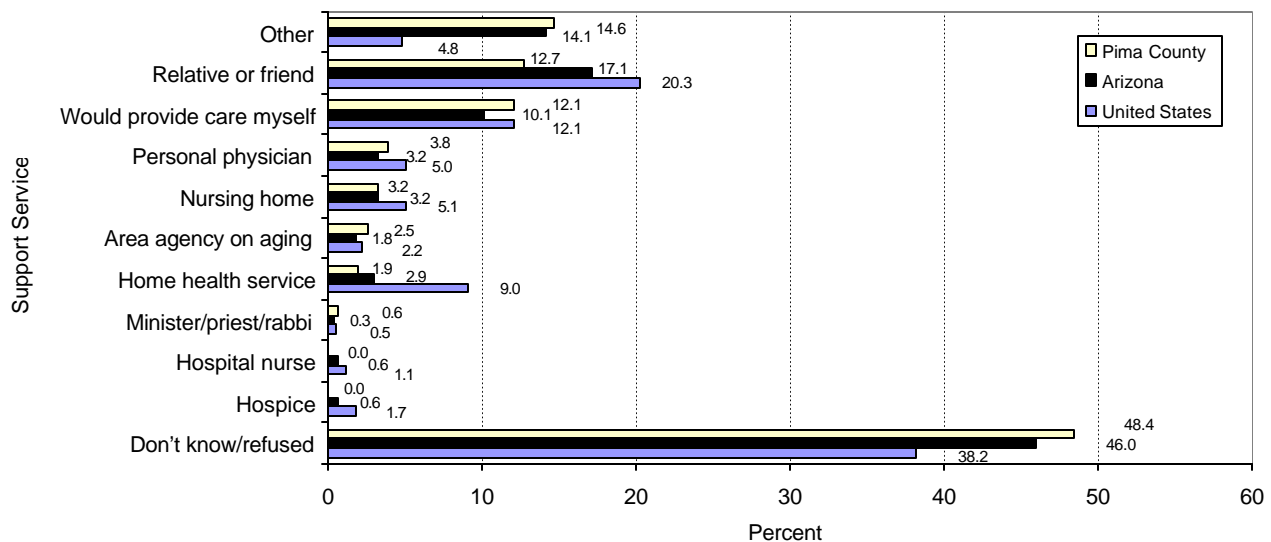
According to BRFSS 2000 data, older respondents in Pima County reported an average of 1.9 days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of

mental health status, for example feeling depressed, anxious, or not well-rested, 24.8% of older respondents in Pima County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs excluding treatment provided by private agencies or personal physicians it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, nearly 50% of county and state respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, only 12% of the older respondents in Pima County thought of these services as a resource for needed care.

FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES ; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



BRFSS 2000: "Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?"

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). Fifty-one individuals responded to these questions in Pima County. Of those, 47 people responded that they did not need help with personal care needs, 2 respondents indicated that immediate family members provided the necessary care, 1 respondent received assistance from a paid employee or home health service, and the remaining respondent reported that he/she did not receive the needed assistance from anyone.

Seventeen individuals responded that they needed assistance with routine tasks; 8 respondents reported help from relatives, 1 individual received assistance from friends or neighbors, 2 respondents received help from a combination of friends and family, 3 respondents utilized a paid employee or home health service, 1 person received help from an unpaid volunteer, and the remaining 2 respondents reported not receiving needed assistance from anyone. Statewide and nationally, public services were more frequently mentioned responses. In both regions, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

Healthy Aging 2010

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Pima County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

For more information about this publication, please contact Jennifer Catero at (602) 542-1898.

Bureau of Community and Family Health Services
Arizona Department of Health Services
2927 North 35th Avenue, Suite 100
Phoenix, Arizona 85017
Phone: (602) 542-1223
Fax: (602) 542-1265
<http://www.hs.state.az.us>